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## BIB DATA SHEET

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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a REI of 08/856,513 05/15/1997 PAT 5,865,846  
 which is a DIV of 08/681,230 07/22/1996 PAT 5,674,296  
 which is a CIP of 08/339,490 11/14/1994 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
03/14/2001

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		WA	10	16	4

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**TITLE**

HUMAN SPINAL DISC PROSTHESIS

<b>FILING FEE RECEIVED</b> 395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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